

<b>Case Number:</b>	CM15-0037786		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female, who sustained an industrial injury on 05/10/1999. On provider visit dated 12/17/2014 the injured worker has reported low back and leg pain. The diagnoses have included failed low back syndrome. Treatment to date has included medications include Ambien, Hydrocodone, Tramadol and Alprazolam. Treatment plan included refilling medications. On 01/30/2015 Utilization Review modified Tramadol HCL tab 50mg, QTY: 90, Day Supply: 22. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol HCL tab 50mg, QTY: 90, Day Supply: 22: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, criteria for use; Opioids, dosing Page(s): 43; 76, 80, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with low back and leg pain rated 10/10. The request is for TRAMADOL HCL TAB 50MG, QTY: 90 DAY SUPPLY: 22. The RFA is not provided. Patient's diagnosis have included failed low back syndrome. Concomitant medications included Hydrocodone, Ambien, and Xanax. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS guidelines require appropriate discussion of the 4A's for continued use of Opioids. In this case, there are no pain scales or validated instruments that address analgesia, no discussions regarding baseline pain, functional assessment, adverse reactions, aberrant drug behavior, ADLs, UDS's, opioid pain agreement, or CURES reports. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.